

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10647454

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		2				
8		1				
9		1				
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49		1				
50		1				
TOTAL IND	25					
TOTAL DEP		26				
TOTAL CLAIMS						

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